

Natural Resources and Environmental Protection Cabinet

DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601
TELEPHONE NUMBER (502) 564-6716

ANNUAL COMPOSTING REVIEW DEP 7048A (3/92)

GENERAL INSTRUCTIONS

1. **APPLICABILITY** - This special waste composting reporting form must be submitted annually to the Cabinet by persons who hold a permit to compost special waste in accordance with 401 KAR 45:100.
2. **PREPARATION** - Questions regarding this form may be directed in writing to the Division of Waste Management, Solid Waste Branch, at the address provided above, or by calling (502) 564-6716.
3. **SUBMISSION** - Please type or print legibly in permanent ink. Submit the original and one (1) copy, bound, to the Division of Waste Management at the address noted above. If an item, is not applicable to your facility write "N/A" in the space provided.
4. **LAWS AND REGULATIONS** - Permit holders are expected to understand and comply with all laws and regulations applicable to a permit for special waste composting and reporting requirements as specified in 401 KAR 45:100 and applicable permit conditions.

NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
SOLID WASTE BRANCH
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601
TELEPHONE NUMBER (502) 564-6716

SPECIAL WASTE COMPOSTING ANNUAL REVIEW

Permit Name_____Permit Number_____

Address_____

City_____State_____Zip Code_____

County_____Year_____Months(FROM TO)_____

Type of special waste composted_____

Total volume accepted this reporting period (cu.yds. or tons)_____

Total volume composted and acceptable for distribution this period (cu.yds. or tons)_____

Waste Classification: _____Type AA _____Type B. (Provide copies of actual analysis.)

TONS PER MONTH ACCEPTED

<u>SOURCE</u>	J A N U A R Y	F E B R U A R Y	M A R C H	A P R I L	M A Y	J U N E	J U L Y	A U G U S T	S E P T E M B E R	O C T O B E R	N O V E M B E R	D E C E M B E R	T O T A L

LOG

DISTRIBUTION OF FINISHED COMPOST

Make additional copies of this log sheet as necessary.

Recipient	Address	Amount Received	Dates Composted Start-Finish	Date Received

CERTIFICATION

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true accurate, and complete. I am aware that there are significant penalties to submitting false information, including the possibility of fine and imprisonment for such violations.”

Signature of Authorized Agent_____Date_____

Name of Authorized Agent_____

Title_____

